

2634
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/753,747
		Filing Date	December 27, 2000
		First Named Inventor	Schurig, Alma K.
		Art Unit	2634
		Examiner Name	MUNOZ, GUILLERMO
Total Number of Pages in This Submission	2600		
	Attorney Docket Number	Technology Center 2600 021180-000210US	

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ENCLOSURES (Check all that apply)				
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<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)		
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<input type="checkbox"/> Response to Missing Parts/ Incomplete Application				
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53				
<table border="1"> <tr> <td>Remarks</td> <td>The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.</td> </tr> </table>			Remarks	The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.
Remarks	The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.			

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Townsend and Townsend and Crew LLP	
	Kenneth R. Allen	
Signature	<i>Kenneth R. Allen</i>	
Date	14 Oct 2004	
Reg. No. 27,301		

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Robert L. Jackson		
Signature	<i>Robert L. Jackson</i>	Date	10-14-2004



**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

Application Number	09/753,747
Filing Date	December 27, 2000
First Named Inventor	Schurig, Alma K.
Art Unit	2634
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Technology Center 2600

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

all the attorneys/agents of record

all the attorneys/agents (with registration numbers) listed on the attached paper(s), or

all the attorneys/agents associated with Customer Number 20350

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are: Client request transfer to another firm

CORRESPONDENCE ADDRESS

- The correspondence address is NOT affected by this withdrawal.
- Change the correspondence address and direct all future correspondence to:

Customer Number

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Ryan Clark			
Address	Intellectual Ventures			
Address	1756 114th Avenue SE, Suite 110			
City	Bellevue	State	WA	ZIP 98004
Country	United States of America			
Telephone	425 467-2291	Fax	425 467-2351	
Name	Kenneth R. Allen			
Signature	Kenneth R. Allen	Registration No.	27,301	
Date	14 Oct 2004			

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.